



16085 U.S. PTO

EXPRESS MAIL NO. EL961115868US

Docket No. 127A 3463
Date: October 23, 2003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

22389 U.S. PTO
10/691845



Dear Sir:

Transmitted herewith for filing is the patent application for inventor(s):

MASAKI OKABE

For: AN ELECTRIC SHAVER

Also enclosed are:

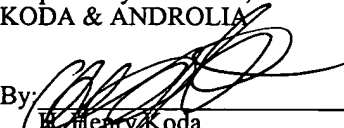
- ☒ 7 sheets of drawings
- ☒ Certified copy of Japanese Patent Application No. 2002-309275 of October 24, 2002 on which Convention priority is claimed
- ☒ Declaration and Power of Attorney
- ☐ Information Disclosure Statement by Applicant
- ☐ Preliminary Amendment
- ☒ An assignment of the invention to IZUMI PRODUCTS COMPANY

☐ Applicant claims Small Entity Status

CALCULATION OF FEES								
ITEM		TOTAL NO. OF CLAIMS		NO. OF CLAIMS OVER BASE	LG/SM \$ ENTITY FEE		\$ AMOUNT	\$ FEE
A	TOTAL CLAIMS FEE	13[24]	-20	4	LG=\$18 SM=\$9	\$18	\$ 72	
B	INDEPENDENT CLAIMS FEE*	1	-3	0	LG=\$86 SM=\$43	\$86	\$ 0	
C	SUBTOTAL - ADDITIONAL CLAIMS FEE (ADD FINAL COLUMN IN LINES A + B)							\$ 72
D	MULTIPLE-DEPENDENT CLAIMS FEE					LARGE ENTITY FEE = \$290 SMALL ENTITY FEE = \$145		\$ 290
E	BASIC FEE					LARGE ENTITY FEE = \$770 SMALL ENTITY FEE = \$385		\$ 770
F	TOTAL FILING FEE (ADD TOTALS FOR LINES C, D, AND E)							\$ 1,132
G	ASSIGNMENT RECORDING FEE						\$ 40	\$ 40
	*LIST INDEPENDENT CLAIMS 1							

- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Account No. 11-1445. A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$ 1,132 to cover the filing fee is enclosed.
- ☒ A check in the amount of \$ 40 to cover Assignment Recordation fee is enclosed.

Respectfully submitted,
KODA & ANDROLIA

By: 
Henry Koda
Reg. No. 27,729

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(310) 277-1391
(310) 277-4118 -fax

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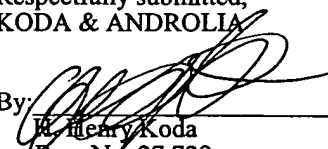
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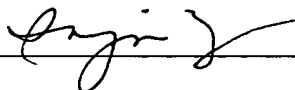
I hereby certify that this correspondence is being deposited with the United States Postal

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on October 23, 2003 by Inja Yi.

Dated: 10/23/03

By: 

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IZUMI

Applicant(s):

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For:

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